Local Health Evaluation Report [LHER]

Implementation Questionnaire

Public Health Practice Standards
Annual Local Health Evaluation Report (LHER)
Implementation Questionnaire

N.J.A.C. 8:52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, requires each local health agency to complete an annual evaluation report on activities and infrastructure. The following questionnaire - to be completed using a management team approach/group process - combined with the listed attachments, make up the required components of the LHER. **For each of the following questions, double click the shaded box(es) and choose the answer that most accurately reflects the item's current status. Percentages (where provided), refer to the level of completion or degree of activity for that item. Each question applies to activities conducted over the last calendar year, i.e., January - December, unless otherwise noted.**

A. Administration

_____ 1. The local health agency is under the direction of a full-time employed New Jersey licensed health officer.

_____ 2. The health officer serves as the Chief Executive Officer of the local health agency and for all of its programs and staff as required by N.J.A.C. 8:52, Practice Standards and State law (N.J.S.A. 26: 1A)

B. Public Health Policy Boards (Boards of Health)

_____ 1. The health officer has provided a current copy of N.J.A.C. 8:52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, to all board of health members and has met with the boards to ensure their understanding of the local health agency's and their roles and responsibilities for its implementation. **TOOLKIT (B1)**

_____ 2. Each local board of health, as defined by N.J.A.C. 8:52, has taken overall responsibility for the practice of public health, the performance of its local health agency, and for meeting the services and capacities required by NJAC 8:52, Practice Standards of Performance.

_____ 3. Each local board of health, in accordance with N.J.A.C. 8:52-5.3 (a), employs a mechanism that provides leadership for the development of partnerships with community organizations and agencies having an affect on or interest in population-based health.

_____ 4. Within the last year, the local health officer has encouraged and all board of health members have voluntarily participated in education and training relevant to their roles and responsibilities as a policy board.

forms for each board of health in the local health agency's jurisdiction. Copies of all registration forms are kept on file in the administrative offices of the local health agency. **TOOLKIT (C1)**

C. Budget and Expenditures

_____ 1. The local health agency maintains an annual budget that is supported by funds from a variety of sources and makes expenditures from that budget to support the mission, goals and programmatic activities of the local health agency.

_____ 2. The financial officer for the local health agency has reviewed the needs and prepared the annual budget for the agency. Attached is a summary of the Budget by Source of Funding and Program Area for the local health agency. **TOOLKIT (C1)**

_____ 3. A copy of the agency's detailed budget, as approved by the local board of health or other governing body, is kept on file in the agency's administrative office.

D. Activities and Operations

1. Participation in a Governmental Public Health Partnership:

_____ a. The health officer has actively participated (see footnote) with other health officers within a countywide or multi-countywide area to cooperatively establish a formal partnership, i.e., a governmental public health partnership, to advance the development of a coordinated local public health system in that area. **TOOLKIT (R1)** A summary of the activities and accomplishments to date, and timeframes for completion, is attached. (This summary may be submitted as a joint report of the partnership).

_____ b. The health officer, or his/her designee, actively participates (see footnote) in meetings of the countywide or multi-countywide governmental public health partnership and with other health officers for the joint development of community health profiles, assessments, and improvement. Attached is a copy of the governmental public health partnership members directory, including name, title, organization, address, phone, fax, e-mail for each member.

_____ c. The health officer, or designee, as a partnership member has independently completed an assessment of the governmental public health partnership, including its processes and effectiveness. A summary of the findings of this assessment is attached. (This summary may be submitted as a joint report of the partnership). **TOOLKIT (B2)**

_____ d. By February 2005 and every four (4) year cycle thereafter, the local health agency, as a member of the governmental and community public health partnerships, has participated in the electronic completion of the National Public Health Performance Standards - Local Public Health System Performance Assessment Instrument. **TOOLKIT (G2)**

"Actively participate" means that the health officer or his/her designee(s) did not miss more than one meeting in a 12 month period for meetings held monthly, or attended at least 75 percent of all meetings for meetings held more frequently, and provided input and took necessary steps based on the outcome of those meetings.

2. Organizational Capacity Assessment & Continuous Quality Improvement (N.J.A.C. 8:52-5.2)

a. Assessment Protocol for Excellence in Public Health (APEX*PH*), Part 1:

_____ 1. By February 2004 and every three (3) year cycle thereafter, the health officer has led the completion of an evaluation of the local health department's capacity, including its strengths, weaknesses, and development of an action plan for improvement, using "Assessment Protocol for Excellence in Public Health (APEX*PH*), Part 1." **TOOLKIT (C2)**

_____ 2. The health officer has ensured that a workforce assessment has been completed as part of the APEX*PH* process, and is aligned with "Public Health Workforce: An Agenda for the 20th Century," and "Core Competencies for Public Health Professionals," which includes an analysis and identification of gaps in workforce expertise, duplication of workforce competencies, and steps to ensure that necessary competencies exist within the agency's workforce to deliver required services and, by February 2007, achieves Community Health Improvement Plan (CHIP) objectives. (see N.J.A.C. 8:52-1.8 for information on the availability of the above reference documents)

_____ 3. The health officer, in cooperation with management and staff representation, has assessed the need and developed a written plan for knowledge and competency development meeting APEX*PH*, "Public Health Workforce: An Agenda for the 20th Century," and "Core Competencies for Public Health Professionals" standards.

_____ 4. A copy of the Workforce Development Plan, its goals, objectives, activities, policies and procedures, has been shared with all managers and staff. A copy of the plan is kept on file in the agency's administrative office.

_____ 5. Information gathered from the completion of APEX*PH*, Part 1 has been shared with the governmental public health partnership for use in developing a countywide Community Health Improvement Plan (CHIP). Copies of the local health agency's completed APEX*PH* Analysis of Organizational Strengths and Analysis of Organizational Problems worksheets are attached. Copies of these worksheets are kept on file in the agency's administrative office. **TOOLKIT (C2)**

_____ 6. The health officer has led the development of a continuous quality improvement process and plan using APEX*PH*, Part 1 to ensure progress in achieving the local health agency's goals and objectives, and has shared the plan with the governmental public health partnership for use in developing a countywide Community Health Improvement Plan (CHIP). Copies of the local health agency's completed APEX*PH* Organizational Action Plan worksheet is attached. Copies of this plan are kept on file in the agency's administrative office. **TOOLKIT (C2)**

b. Semi-Annual Monitoring Process

_____ 1. A written internal monitoring process that measures progress in achieving each established goal and objective included in the local health agency's APEX*PH* Organizational Action Plan has been developed and implemented.

_____ 2. Monitoring of each programmatic area's progress in achieving its goals and objectives has been performed on a semi-annual basis, as a minimum.

_____ 3. Data and information gathered from the monitoring process, have been compiled and reported to managers and staff in a format that is useful to guiding programmatic activities and modifying goals and objectives.

_____ 4. Performance deficiencies identified through the monitoring process have been documented and addressed in a supplemental/update document to the APEX*PH* Organizational Action Plan. Copies of the supplement/update have been provided to all appropriate managers and staff, and a copy is kept on file in the agency's administrative office.

c. Best Practices

_____ 1. The assessment process included or was supplemented by an assessment of the agency's capacity to deliver basic public health services in accordance with the "Programmatic Guidelines for Best Practices" appendix to Public Health Practice Standards (NJAC 8:52). A summary report of these capacities, using the Best Practices Capacity and Performance Form is attached. Copies of this report are kept on file in the agency's administrative office. **TOOLKIT (C1)**

3. Program Goals and Objectives:

_____ 1. The health officer has provided a current copy of N.J.A.C. 8:52, Public Health Practice Standards of Performance, to all managers and key programmatic staff and has met with staff to ensure their understanding of the local health agency's and their roles and responsibilities for its implementation.

_____ 2. The health officer has led an assessment and the development of written goals and objectives for each programmatic area of the local health agency (e.g., administration, health education, public health nursing, preventive personal health, environmental, disease control, maternal and health, older adult health, emergency services, etc). Copies each programmatic areas goals and objectives are kept on file in the agency's administrative office.

_____ 3. Each goal and objective includes a realistic timeframe and measurable outcome.

4. Goals and objectives for each programmatic area address:

_____ organizational function and capacity improvement of the program
_____ community health priorities based on accurate data/information,
_____ statewide priorities set by the NJDHSS, e.g., in Healthy New Jersey 2010, best practice guidelines, rules and regulations, etc (prior to February 2007),
_____ priorities that have been identified through and are included in the CHIP (after February 2007)

_____ 5. Responsible program managers and appropriate staff participated in the development of the goals and objectives, have been provided a written copy, and use them to guide related activities.

_____ 6. An inventory of services provided by entities (public, private, and voluntary organizations, agencies, associations and individuals) that contribute to the delivery of community public health services within the local health agency's jurisdiction has been completed.

_____ 7. The inventory of community public health services has been compiled into a directory and has been used to identify gaps, reduce duplication, and identify opportunities for collaborative partnerships. A copy of the Public Health Services Resource Directory has been provided to and is used by all managers, and a copy is maintained on file in the administrative offices.

8. As a result of the inventory of community services, new partnerships have been developed and/or sustained and have resulted in

_____ improved services,
_____ improved access to services, and
_____ cost-savings for the delivery of services.

4. Agency Organization and Resources:

_____ a. The health officer has within the last year assessed staff competencies and has matched those competencies with appropriate tasks and activities, and has established lines of authority and set forth business practices that are appropriate to the organization's capabilities and that are key to the agency's performance and goal attainment.

_____ b. The health officer has inventoried and identified the agency's resources and has organized them to promote the outcomes identified through the APEX*PH* process and, by February 2007, identified through the Community Health Improvement Planning (CHIP) process.

_____ c. The health officer has ensured that competent management/leadership is assigned responsibility for each programmatic activity. A copy of the Program Management and Leadership Staff chart is attached. **TOOLKIT (C1)**

_____ d. The health officer has prepared and maintains, on file, a current Table of Organization illustrating the reporting structure of the agency within the overall governmental unit (county, municipality, etc), and each program, its managers, all other staff, and lines of authority within the agency itself. A copy of the Table of Organization is attached. **TOOLKIT (C1)**

_____ e. The Table of Organization was reviewed and updated within the last six (6) months.

5. Staff Qualifications, Job Descriptions and Performance Evaluation:

_____ a. The health officer has ensured that all professional public health staff are licensed, certified or otherwise authorized to perform their duties as required by and in accordance with NJ laws and regulations, or the standards of the appropriate credentialing organization..

_____ b. All staff credentials are current and active, as required. Current copies of all staff licenses, other credentials, and records of continuing education and training are maintained with the personnel records of each staff person and in the agency's administrative office.

_____ c. The health officer has ensured that each position has a written job description which includes tasks and activities, reporting relationships and performance standards. Each job description has been reviewed and updated within the last year. Copies of all job descriptions are kept on file in the agency's administrative office. **TOOLKIT (G1)**

_____ d. Within the last year, all staff has participated with their immediate supervisor in the development of an annual personal performance assessment review agreement that outlines key responsibilities and activities. **TOOLKIT (G1)**

_____ e. Within the last year, all staff has been evaluated by their immediate supervisor on their performance, in accordance with their personal performance assessment review agreement, which includes an action plan for improvement as needed. **TOOLKIT (G1)**

_____ f. Performance assessment review agreements and evaluations have been discussed, signed by the employee and supervisor, and a copy has been provided to the employee. A copy of all agreements and evaluations is maintained on file in the agency's administrative office. **TOOLKIT (G1)**

6. Workforce Development, Continuing Education and Training

_____ a. A coordinated program of continuing education for the agency has been developed that ensures that all staff actively pursue training and education to provide the Ten Essential Public Health Services within their respective area of expertise and responsibility, including attendance at seminars, workshops, conferences, in-service training and other for courses to improve skills and knowledge.

_____ b. The health officer and program managers have ensured that all staff has received training and continuing education in their respective areas of responsibility and in accordance with licensing and other credentialing requirements, and State standards.

c. Within the last calendar year, each staff person in the following positions has acquired at least the level of continuing education and training indicated below:

_____	Health Officer:	15 contact hours (incl. 8 hours Leadership/Management)
_____	REHS:	15 contact hours
_____	Nurse Director:	15 contact hours (incl. 8 hours Leadership/Management)
_____	Nurse Supervisor:	15 contact hours (incl. 8 hours Leadership/Management)
_____	P. H. Nurse:	15 contact hours
_____	Health Ed. Director:	CHES (incl. 8 hours Leadership/Management)
_____	Health Educator:	CHES (incl. 8 hours Leadership/Management)
_____	Field Rep., H.E.:	9 contact hours

_____ d. All staff has participated in cultural diversity training.

_____ e. A Record of Employee Education and Training Contact Hours, including a list of the above staff by name and title, is attached. A copy of this record is kept on file in the agency's administrative office. **TOOLKIT (C1)**

_____ f. Copies of completed education and training certificates, letters of attendance, etc for all staff positions listed above are kept on file in the agency's administrative office.

7. Community Public Health Partnership, Assessment, and Improvement Planning

____ a. The local board of health and health agency have identified and are actively working with other community organizations and agencies on a regular basis to achieve the local health agency's mission and address the needs of the communities within its jurisdiction. Attached is a list of Community Organizations and Agencies Working in Partnership with the Local Health Department. A copy of this list is kept on file in the local health agency's administrative office. **TOOLKIT (C1)**

____ b. The health officer serves as a member of the countywide or multi-countywide Governmental Public Health Partnership (GPHP) to convene a Community Public Health Partnership that develops and implements a countywide or multi-countywide Community Health Assessment and Community Health Improvement Planning (CHIP) process and that employs "Mobilizing for Action through Planning and Partnerships (MAPP)" as the standardized method. **TOOLKIT (Y2)** A summary of the GPHP's activities and accomplishments to date with regard to convening a community partnership and timeframes for completion is attached. (This summary may be submitted as a joint report of the GPHP).

NOTE: Responses to the following are required for the February 2005 and subsequent year's LHER; otherwise, please continue with section 9 below.

____ c. By February 2005 and as a result of the GPHP's activities, a Community Public Health Partnership has been formed and the health officer or his/her designee actively participates (see footnote) as a member of the Partnership that will perform a countywide or multi-countywide Community Health Assessment and development of a Community Health Improvement Plan (CHIP) in accordance with N.J.A.C. 8:52-9, 10 and 11. Attached is a copy of the Community Public Health Partnership Members list, including name, title, organization, address, phone, fax, e-mail, and area of expertise for each member (the directory may be submitted directly by the partnership).

____ d. Effective February 2005: Within the last year, the health officer has worked in partnership with other health officers and other community partners to develop a process for conducting a countywide or multi-countywide Community Health Assessment and developing a Community Health Improvement Plan that uses "Mobilizing for Action through Planning and Partnerships (MAPP)" as the standardized method. **TOOLKIT Y2** A summary of the assessment process (including activities and accomplishments to date, timeframe for implementation, and timeframe for completion) to date by the health officers and other community partners is attached. (This summary may be submitted as a joint report of the CHIP partnership).

"Actively participate" means that the health officer or his/her designee(s) did not miss more than one meeting in a 12 month period for meetings held monthly, or attended at least 75 percent of all meetings for meetings held more frequently, and provided input and took necessary steps based on the outcome of those meetings.

_____ e. Effective February 2005: In accordance with the timeframes established by the Community Public Health Partnership, the results of the countywide or multi-countywide Community Health Assessment have been published in a "County Health Status Indicators Report" that addresses measures of health status indicators, a description of the assessment process, standards of comparison used for each indicator, an inventory of public health capacities to address health status improvement and any gaps in those capacities. A copy of the "County Health Status Indicators Report" is attached. (This report may be submitted as a joint report of the CHIP partnership).

_____ f. Effective February 2005: Within the last year, the health officer or agency designee as a partnership member has independently completed an assessment of the community public health partnership, including its processes and effectiveness. A summary of the findings of this evaluation is attached. (This summary may be submitted as a joint report of the CHIP partnership). **TOOLKIT (B2)**

_____ g. By February 2007 and every four (4) years thereafter, a county Community Health Improvement Plan has been developed, published and presented to the public and key public health stakeholders. A copy of the Community Health Improvement Plan is attached. (The Community Health Improvement Plan may be submitted as a joint report of the CHIP partnership).

8. Health Education/Promotion, Public Health Nursing, Preventive Personal Health Services, Access to Health Care, and Enforcement Services

_____ a. Within the last year, the local health agency has ensured the development and ongoing provision of services in accordance with N.J.A.C. 8:52-6, 7, 13 and 14.

_____ b. Program goals and objectives have been developed and outcomes are measured as noted in Part 3, **Program Goals and Objectives** (above).

NOTE: Responses to the following are required for the February 2005 and subsequent year's LHER; otherwise, please continue with section 10 below.

_____ c. Effective February 2005: The local health agency's health education/promotion, public health nursing, preventive personal health services, access to health care services, and enforcement services and activities have been reviewed by and are being coordinated through the Community Health Improvement Planning (CHIP) process to identify gaps, reduce duplication, and ensure continuity of services.

9. Emergency Management and Response Capability

_____ a. The local health agency has a written public health emergency preparedness and response plan which

_____ was developed in collaboration with the LINCS agency, NJDHSS Public Health Planner, and the municipal and county Office of Emergency Management,
_____ is integrated with the municipal and county Emergency Management Plan and the county Public Health Emergency Response Plan, and
_____ includes the roles and responsibilities of key community agencies and organizations.
_____ A copy of the plan has been provided to all managers and key staff, and a copy is kept on file in the administrative office.

_____ b. All staff understand their roles and responsibilities, and know where to find a copy of the preparedness and response plan.

_____ c. Within the last year, local health agency staff, in collaboration with the NJDHSS Public Health Planner, municipal and county Offices of Emergency Management, and other key organizations and agencies, has participated in table-top exercises and or drills to ensure familiarity with the local health agency's and their individual roles under the plan.

_____ d. The local health agency reports public health emergencies to the NJDHSS and communicates during emergencies with the NJDHSS and other key state, local and regional preparedness and emergency management/response agencies and organizations.

_____ e. The local health agency has the ability to immediately respond to a public health emergency on a 24 hour/day, 7 day/week basis.

_____ f. The local health agency has assigned responsible on-call staff to manage and respond to public health emergencies that includes 3x3 redundancy/back-up (at least three individuals having three means of contact, e.g., home, cell, pager).

_____ g. The on-call roster is reviewed weekly and updated to ensure accuracy. Copies of the roster are provided to all on-call staff, the health officer and other managers, police, mayor's, OEMs, and other appropriate groups. A copy of the current roster is kept on file in the administrative office.

_____ h. The local health agency conducts a "call-out/call-in" test and evaluates the reliability of its on-call emergency management and response contact system at least quarterly.

_____ i. At least once each month and as changes occur, the local health agency reviews and updates its on-call information contained in the NJDHSS Public Health Emergency Notification Roster ("Redbook") on the Health Alert Network (http://njlincs.net).

_____ j. The local health agency has a Homeland Security Alert System (HSAS) chart for each service unit outlining key preparedness and response actions by alert levels that coincide with the national Homeland Security Alert Levels. Copies of the HSAS charts are posted in a prominent location in each service unit and the administrative office. A copy is kept on file in the administrative office. **TOOLKIT (Y1)**

_____ k. The local health officer and his/her designated staff actively participate (see footnote) on a countywide or multi-countywide Public Health Preparedness for Bioterrorism and Other Public Health Threats and Emergencies Advisory Committee convened by the LINCS agency.

"Actively participate" means that the health officer or his/her designee(s) did not miss more than one meeting in a 12 month period for meetings held monthly, or attended at least 75 percent of all meetings for meetings held more frequently, and provided input and took necessary steps based on the outcome of those meetings.

_____ l. The local health agency and the municipalities within its jurisdiction maintain a current Interlocal Partnership Agreement for Public Health Preparedness for Bioterrorism and Other Public Health Threats and Emergencies to ensure mutual cooperation with the LINCS agency in preparedness planning and response. A copy of the agreement is kept on file in the agency's administrative office.

10. Communications, Information, and Data Exchange

a. The local health agency routinely
_____ collects data and information, and
_____ has developed and operates data, information and communications management systems.

b. The local health agency uses data and information to
_____ monitor the occurrences of disease and indicators of health,
_____ investigate the cause of disease, health hazards and other threatening conditions,
_____ identify and implement control measures to prevent their spread and/or minimize impact on the public's health.

c. All appropriate work units of the local health agency are electronically linked with and participate in:
_____ NJ~Local Information Network and Communications System (LINCS)
_____ NJ Immunization Information System (NJIIS)
_____ NJ Communicable Disease Reporting System (CDRS)
_____ Electronic Birth Registry
_____ Vital Statistics
_____ Other (please list): _____

_____ d. The local health agency has appointed a responsible individual(s) that monitors incoming LINCS e-mail and e-mail from other sources (e.g., the CDC Health Alert Network) for public health alerts, advisories updates, and information at least two (2) times each day.

_____ e. The local health agency has appointed a responsible individual(s) that has remote access to the Internet and LINCS e-mail, 24 hours/day, 7 days per week.

_____ f. The local health agency operates in accordance with the Health Information Portability and Accountability Act (HIPAA) and other requirements to ensure the protection of confidential data and information that contains personal identifiers and other information that could be used to identify individuals with reasonable accuracy.

11. Epidemiology and Laboratory Services

_____ a. The local health agency has access to regional epidemiological services that support countywide or multi-countywide disease and hazard assessment, planning, surveillance and prevention activities.

_____ b. The local health agency has access to public health laboratory services that meet State and federal standards to support disease and environmental activities.

12. Enforcement of Public Health Laws

_____ a. In accordance with N.J.A.C. 8:52-14, the local health agency ensures the enforcement of all provisions of the State Sanitary Code and other laws and regulations, codes and ordinances under its authority.

_____ b. Enforcement activities are completed and actions are taken only by staff currently holding an active license to perform such activities and actions.

_____ c. Enforcement staff are regularly trained and educated in public health law, enforcement activities and techniques, presenting case summaries and evidence, and giving testimony in a court of law.

_____ d. The local health agency has developed and follows written policies and procedures for enforcement activities and actions, including inspection and investigation, collection of evidence, voluntary and legal remedial action, etc, and documents all activities and actions in writing. A copy of the written policies and procedures are kept on file in the administrative offices and copies of all enforcement activity/action reports are kept on file in the respective programmatic unit of the agency.

_____ e. The local health officer, or his/her designee, attends all meetings of the local boards of health in the local health agency's jurisdiction, provides consultation on the development of new or amended public health ordinances, and attends public hearings on those ordinances as a technical public health resource.

13. Health-Related Research

a. The local health agency has ensured its capacity to conduct, through participation in a countywide or multi-countywide governmental public health partnership and community public health partnership,

_____ epidemiological research,
_____ economic research, and
_____ health services research

for the purposes of identifying and analyzing health problems, economic components of health issues, health services management, and the effectiveness of public health activities and practices.

_____ b. The local health agency assists in developing best practices to address health problems and implements new strategies to improve health in accordance with the countywide or multi-countywide Community Health Improvement Plan (CHIP).

_____ c. The local health officer encourages the agency's programs and staff to form relationships with institutions of higher learning and currently has such working relationships for:

_____ joint appointments of staff
_____ field training, work studies and student internships
_____ health-related research
_____ other (please list): _____

14. Annual Community Public Health Meeting

____ a. The health officer has conducted an Annual Public Health Meeting to report key components of this evaluation report, its capacities and activities, the "state of the community's health" in comparison with state and federal objectives, the Community Health Improvement Plan (when developed), and the agency's progress and performance in achieving its organizational mission, and programmatic goals and objectives. A copy of the meeting announcement and agenda are attached.

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List of Required Attachments

The following attachments are to be included with your Local Health Evaluation Report:

A. Local Health Agency Implementation Records

1. Board of Health Registration Forms
2. National Public Health Performance Standards: Local Public Health Governance Performance Assessment Instrument (Web-enabled version)
3. Budget by Source of Funding and Program Area Form
4. APEX*PH*, Part 1; Organizational Capacity Assessment Worksheets for
   - Analysis of Organizational Strengths
   - Analysis of Organizational Problems
   - Organizational Improvement Plan
5. Best Practices Capacity and Performance Form
6. Program Management/Leadership Staff Chart
7. Table of Organization for the Local Health Agency
8. Record of Employee Continuing Education and Training Contact Hours
9. Community Organizations and Agencies Working in Partnership with the Local Health Department Form
10. Annual Public Health Meeting Announcement and Agenda

B. Governmental Public Health Partnership Records (the following are required but may be submitted as joint reports of the GPHP)**:**

11. Governmental Public Health Partnership (GPHP) Membership List
12. GPHP Activities, Accomplishments, Timeframes
13. GPHP Partnership Process Evaluation

C. Community Public Health Partnership Records: (the following are required but may be submitted as joint reports of the partnership, beginning February 2005)

14. MAPP Community Public Health Partnership Members List
15. Summary Report: MAPP Activities, Accomplishments, and Timeframes
16. Summary Report: MAPP Partnership Process Evaluation
17. County Health Status Indicators Report
18. National Public Health Performance Standards: Local Public Health System Performance Assessment Instrument (Web-enabled version)
19. Countywide or Multi-Countywide Community Health Improvement Plan (CHIP)

D. Supplemental Comments and Information: Additional information in the form of explanatory comments to any of the items in this questionnaire or additional documents supporting progress and accomplishments may be submitted as part of the LHER.
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